

Pro Se Corporation  
Pro Se Govt.

Default Judgement  
WHISTLEBLOWER

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF NEW YORK

Robert W. Johnson, <sup>Plaintiff(s)</sup>  
vs.  
Residence Inn, et al. <sup>Defendant(s)</sup>

Civil Case No.: 5:22-cv-416 (GLS/ML)

CIVIL  
RIGHTS  
COMPLAINT  
PURSUANT TO  
42 U.S.C. § 1983

Plaintiff(s) demand(s) a trial by: ☒ JURY ☐ COURT (Select **only one**).

Plaintiff(s) in the above-captioned action, allege(s) as follows:

**JURISDICTION**

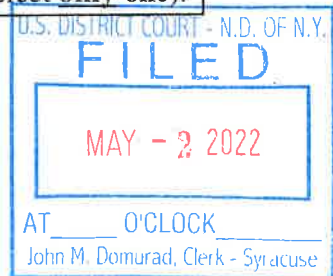
1. This is a civil action seeking relief and/or damages to defend and protect the rights guaranteed by the Constitution of the United States. This action is brought pursuant to 42 U.S.C. § 1983. The Court has jurisdiction over this action pursuant to 28 U.S.C. §§ 1331, 1343(3) and (4) and 2201.

**PARTIES**

2. Plaintiff: Robert W. Johnson  
Address: 112 Court St., APT. 2;  
Watertown, NY 13601.

Additional Plaintiffs may be added on a separate sheet of paper.

3. a. Defendant: Residence Inn  
Official Position: Pro Se Corporation  
Address: 6420 Yorktown Circle  
Syracuse, NY 13057



b. Defendant:

Official Position:

Address:

Ashley  
Pro Se / Corporation Employee  
6420 Yorktown Circle  
Syracuse, NY 13057

c. Defendant:

Official Position:

Address:

Jefferson County Dept. of Social Services  
Pro Se Govt  
250 Arsenal St.  
Watertown, NY 13601

Additional Defendants may be added on a separate sheet of paper.

4.

#### FACTS

Set forth the facts of your case which substantiate your claim of violation of your civil and/or Constitutional rights. List the events in the order they happened, naming defendants involved, dates and places.

**Note: You must include allegations of wrongful conduct as to EACH and EVERY defendant in your complaint. (You may use additional sheets as necessary).**

On 04/07/2022 M. Burns, Jefferson County Dept. of Social Services, Teresa Gaffney, Deborah Labidini, The Workplace, Tracy Eveleigh, Kathy Hochul, Robert J. Rodriguez & Georgeann Stevenson authorized an action for Robert W. Johnson to receive assistance to meet an immediate need or a special



- d. Deborah Labadini: Pro Se Govt. Employee:  
250 Arsenal St.: Watertown, NY 13601.
- e. The Work Place: Pro Se Govt.: 250 Arsenal  
St.: Watertown, NY 13601.
- f. Tracy Eveleigh: Pro Se Govt. Employee:  
250 Arsenal St.: Watertown, NY 13601.
- g. M. Burns: Pro Se Govt. Employee:  
250 Arsenal St.: Watertown, NY 13601.
- h. Kathy Hochul: Pro Se Govt. Employee:  
250 Arsenal St.: Watertown, NY 13601.
- i. Robert J. Rodriguez: Pro Se Govt.  
Employee: Watertown, NY 13601.
- j. Georgeann Stevenson: Pro Se Govt.  
Employee: 250 Arsenal St.: Watertown,  
NY 13601.

Updated: 12/22/20

## **CIVILIAN PRO SE FORMS PACKET**

(Pro Se plaintiff is NOT incarcerated)

- A. PRIVACY NOTICE (Local Rule 5.2 – Personal Privacy Protection)
- B. CIVIL COVER SHEET AND INSTRUCTIONS
- C. SUMMONS IN A CIVIL ACTION AND PROOF OF SERVICE
  - 1. Summons in a *Pro Se* civil action – Plaintiff has IFP status and complaint will be served by the USMS.
  - 2. Summons in a *Pro Se* civil action – Plaintiff paid the filing fee
- D. DOCUMENTS PERTAINING TO WAIVER OF SERVICE OR SUMMONS
  - FORM 1A Notice of Lawsuit and Request for Waiver of Service of Summons
  - FORM 1B Waiver of Service of Summons
- ~~E. UNITED STATES MARSHAL FORM USM-285 AND INSTRUCTIONS~~  
to assist the *Pro Se* plaintiff with IFP status in filling out his/her own forms.  
Use the USM-285 form provided by the Clerk's office.
- F. *PRO SE* NOTICE – this notice must be signed on the 2<sup>nd</sup> page and returned with the completed forms.
- G. FORM COMPLAINTS (Choose one of the following form complaints that best describes the statute that applies to your case)
  - 1. Civil Rights Complaint pursuant to 42 U.S.C. §1983
  - 2. Civil Complaint pursuant to Title VII of the Civil Rights Act as Amended
  - 3. Complaint for Employment Discrimination based upon AGE
  - ~~4. Complaint pursuant to the Americans with Disabilities Act~~
  - ~~5. Bivens action~~
- H. APPLICATION TO PROCEED WITHOUT PREPAYMENT OF FEES.
- I. MOTION FOR APPOINTMENT OF COUNSEL
- J. PROOF OF SERVICE
  - 1. Affidavit of Service by Mail
  - 2. Certificate of Service by Mail

#### 4. FACTS

allowance specifying that the above-said can assist with emergency housing if Robert W. Johnson finds a facility that will accept Robert W. Johnson and agency payment. On 04/26/2022 Robert W. Johnson was denied housing/shelter services by Residence Inn & Ashley and no valid reasons were given after Robert W. Johnson presented the documents to receive housing/shelter services.



**IMPORTANT REMINDERS**

- When you submit papers to the Court, you must also serve a copy on every party in the action. Local Rule ("L.R.") 5.1(a).
- You must immediately notify the Court of any change of address. L.R. 10.1(c)(2). Your failure to notify the Court of a change of address may result in the involuntary dismissal of your case for failure to prosecute. Fed. R. Civ. P. 41(b); L.R. 41.2(b).
- Unless the Court specifically directs otherwise, you should not file discovery materials (for example, interrogatories and document requests) with the Court except as necessary to support a motion. L.R. 26.2.
- If your opponent files a motion and you fail to oppose it, and the moving party has met its burden, the Court may consider your failure to oppose the motion as your consent to the relief requested in that motion. L.R. 7.1(a)(3).
- If your opponent files a motion for summary judgment, it shall contain a Statement of Material Facts. Among other things, you must respond to this Statement of Material Facts by admitting and/or denying each fact asserted therein supported with a record citation. If you do not so respond, the Court will deem that you have admitted your opponent's Statement of Material Facts, which could result in the Court viewing the facts very favorably to the opposing party. L.R. 7.1(b)(3), L.R. 56.1.
- Personal Privacy Protection: It is the obligation of parties to redact, or file under seal, documents which include social security numbers or taxpayer identification numbers, names of minor children, names of victims, dates of birth, financial account numbers, home addresses, driver's license numbers, medical records, employment history, and individual financial information. Fed.R.Civ.P. 5.2; L.R. 5.2.

**ENCLOSURES**

- Copy of the Local Rules of Practice for the Northern District of New York
- Copy of the *Pro Se* Handbook for the Northern District of New York
- Forms are available on our website at [www.nynd.uscourts.gov](http://www.nynd.uscourts.gov)

Thank you.

Acknowledgement of Receipt:

\_\_\_\_\_  
Party Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Deputy Clerk

If not handed out at Public Counter – date this Notice was mailed: \_\_\_\_\_

5.

CAUSES OF ACTION

Note: You must clearly state each cause of action you assert in this lawsuit.

FIRST CAUSE OF ACTION

M. Burns, Jefferson County Department of Social Services, Teresa Gaffney, Deborah Labidini, The Workplace, Tracy Eveleigh, Kathy Hochul, Robert J. Rodriguez & Georgeann Stevenson breached all contracts & responsibilities.

SECOND CAUSE OF ACTION

Residence Inn & Ashley denied Robert W. Johnson housing/shelter with no valid reasons after Plaintiff contractual records for payment.

THIRD CAUSE OF ACTION

Robert W. Johnson was discriminated against by all defendants and denied Due Process Rights with no policy supported documents.

## ACTION TAKEN ON YOUR REQUEST FOR

## ASSISTANCE TO MEET AN IMMEDIATE NEED OR A SPECIAL ALLOWANCE

NOTICE DATE 04/07/2022		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE	
CASE NUMBER	CIN NUMBER	JEFFERSON COUNTY DSS HUMAN SERVICES BLDG 250 ARSENAL ST STE 2 WATERTOWN, NY 13601	
P138940	CR05904Q		
CASE NAME (And C/O Name if Present) AND ADDRESS		GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP	
JOHNSON ROBERT 112 COURT STREET APT 2 WATERTOWN NY 13601		(315) 785-3000	
		OR Agency Conference	
		(315) 785-3000	
		Fair Hearing Information and Assistance	
		(315) 785-3000	
		Record Access	
		(315) 785-3000	
		Legal Assistance Information	
		(877) 777-6152	
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME
	TM2	59	M. BURNS
		TELEPHONE NO.	
		(315) 785-3298	

1

On 04/07/2022 you asked for help with:

☐ A special need of:☒ An immediate need of: ASSISTANCE WITH HOMELESSNESS☒ We will help you by:☒ Meeting your need in the following way: AGENCY CAN ASSIST WITH EMERGENCY HOUSING IF YOU FIND A FACILITY THAT WILL ACCEPT YOU AND AGENCY PAYMENT.☐ Doing the following, since this is not a need of yours that must be met today:☐ If this box is checked, you are responsible for repaying \_\_\_\_\_ as shown:☐ This amount must be repaid to us in accordance with the agreement to repay which you signed on \_\_\_\_\_☐ You must repay the amount that is more than the DSS shelter maximum of \_\_\_\_\_ for your family size of \_\_\_\_\_ for each month of arrears that DSS agreed to pay.☐ We cannot help you because:

The LAW(S) AND/OR REGULATION(S) which allows us to do this is 358.1

☐ This is a follow-up to our notice to you dated:

2

On \_\_\_\_\_ you asked for help with:

☐ A special need of:☐ An immediate need of:☐ We will help you by:☐ Meeting your need in the following way:☐ Doing the following, since this is not a need of yours that must be met today:☐ If this box is checked, you are responsible for repaying \_\_\_\_\_ as shown:☐ This amount must be repaid to us in accordance with the agreement to repay which you signed on \_\_\_\_\_☐ You must repay the amount that is more than the DSS shelter maximum of \_\_\_\_\_ for your family size of \_\_\_\_\_ for each month of arrears that DSS agreed to pay.☐ We cannot help you because:

The LAW(S) AND/OR REGULATION(S) which allows us to do this is

☐ This is a follow-up to our notice to you dated:

3

On \_\_\_\_\_ you asked for help with:

☐ A special need of:☐ An immediate need of:☐ We will help you by:☐ Meeting your need in the following way:☐ Doing the following, since this is not a need of yours that must be met today:☐ If this box is checked, you are responsible for repaying \_\_\_\_\_ as shown:☐ This amount must be repaid to us in accordance with the agreement to repay which you signed on \_\_\_\_\_☐ You must repay the amount that is more than the DSS shelter maximum of \_\_\_\_\_ for your family size of \_\_\_\_\_ for each month of arrears that DSS agreed to pay.☐ We cannot help you because:

The LAW(S) AND/OR REGULATION(S) which allows us to do this is

☐ This is a follow-up to our notice to you dated:

Note: If you are being approved for a special allowance to meet expenses (such as transportation) necessary to attend education or training programs, this allowance may vary based on your actual attendance in the program. If you do not meet a satisfactory attendance standard or make satisfactory progress in the program, this allowance may be withheld. If your allowance changes, you will get a separate notice telling you this and explaining why.

Public Assistance - If you are also applying for public assistance, you will also get a separate notice from us telling you of the decision on your application. If you are getting public assistance and your request for more help is denied, your ongoing public assistance case will not be affected.

Supplemental Nutrition Assistance Program (SNAP) - If you get assistance, your household's SNAP benefits may change. If your benefits are changed, you will get a separate notice telling you this and explaining why.

## MEDICAL ASSISTANCE

☐ If you need help with your medical bills, you must apply separately for medical assistance. If you want more information about eligibility for medical assistance, call the phone number listed above.

☒ Your medical assistance coverage stays the same.

☐ Your application for medical assistance is being reviewed. We will send you our decision within 30 days.

REGULATIONS REQUIRE THAT YOU IMMEDIATELY NOTIFY THIS DEPARTMENT OF ANY CHANGES IN NEEDS, INCOME, RESOURCES, LIVING ARRANGEMENTS OR ADDRESS

Enclosure YOU HAVE THE RIGHT TO APPEAL THIS DECISION - BE SURE TO READ THE BACK OF THIS NOTICE ON HOW TO APPEAL THIS DECISION

DISTRIBUTION:

White - CLIENT/FAIR HEARING COPY

Yellow - CLIENT COPY

Pink - AGENCY COPY



NAME: JOHNSON ROBERT	ADDRESS: JOHNSON ROBERT 112 COURT STREET APT 2 WATERTOWN NY 13601	CASE NUMBER: P138940
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**CONFERENCE AND FAIR HEARING SECTION - DO YOU THINK WE ARE WRONG?**

If you think our decision was wrong, you can ask for a review of our decision. We will correct our mistakes. You can do both 1 and 2:

1. Ask for a meeting (conference) with one of our supervisors;
2. Ask for a State fair hearing with a State hearing officer.

The Office of Temporary and Disability Assistance (OTDA) policy issuances and manuals are posted on the OTDA website at [otda.ny.gov/legal](http://otda.ny.gov/legal). These issuances and manuals are available to you or your representative to determine whether a fair hearing should be requested or to prepare for a fair hearing. In addition, upon request to your local social services district, specific OTDA policy issuances and manuals will also be available to assist you or your representative.

1. **CONFERENCE** (Informal meeting with us) If you think our decision was wrong, or if you do not understand our decision, please call us to set up a meeting. To do this, call the conference phone number on the front of this notice or write to us at the address on the front of this notice. Sometimes this is the fastest way to solve any problem you may have. We encourage you to do this even when you have asked for a fair hearing.
2. **STATE FAIR HEARING** - You have the following number of days from the date of this notice to ask for a fair hearing:

BENEFIT AREA	TIME LIMIT
Public Assistance, Medical Assistance, Social Services	60 days
SNAP Benefits	90 days

If this notice is telling you that you must repay Public Assistance because you signed a repayment agreement, or because the shelter arrears that DSS agreed to pay is more than the DSS shelter maximum, and if you do not agree that you must repay or you do not agree with the amount DSS says you must repay, you must call for a fair hearing. If you do not call for a fair hearing, you cannot claim in the future that any agency's decision that you owe the debt was wrong. The time limit for calling for a fair hearing on the issue of the repayment is the same as the limit for any Public Assistance action this notice is telling you about, 60 days.

**HOW TO ASK FOR A FAIR HEARING:** You can ask for a fair hearing by mail, by phone, by fax or online.

**Mail:** Send a copy of this notice *completed* to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy for yourself.

☐ I want a fair hearing. I do not agree with the agency's action. (You may explain why you disagree below, but you do not have to include a written explanation.)


**Phone:** 800-342-3334 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL).

**Fax:** Fax a copy of the front and reverse of this notice to: (518) 473-6735 or

**Online:** Complete an online request form at: <http://www.otda.ny.gov/oah/forms.asp>

If you cannot reach the New York State Office of Temporary and Disability Assistance by phone, by fax or online, please write to ask for a fair hearing before the deadline.

**WHAT TO EXPECT AT A FAIR HEARING:**

The State will send you a notice that tells you when and where the fair hearing will be held.

At the hearing, you will have a chance to explain why you think our decision is wrong. You can bring a lawyer, a relative, a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing.

At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the hearing officer written papers that explain why we are wrong.

To help you explain at the hearing why you think we are wrong, you should bring any witnesses who can help you. You should also bring any papers you have, such as: pay stubs, leases, receipts, bills, doctor's statements.

At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

**IF YOUR SITUATION IS EXTREMELY SERIOUS, THE STATE WILL ATTEMPT TO PROCESS YOUR REQUEST FOR A FAIR HEARING AS QUICKLY AS POSSIBLE. IF YOU CALL TO REQUEST A FAIR HEARING, PLEASE BE PREPARED TO EXPLAIN YOUR SITUATION TO THE PERSON WHO ANSWERS THE PHONE. IF YOU WRITE, FAX OR CONTACT US ONLINE INSTEAD, PLEASE BE SURE TO EXPLAIN YOUR SITUATION.**

**LEGAL ASSISTANCE:** If you think you need a lawyer to help you with this problem, you may be able to get a lawyer at no cost to you by contacting your local Legal Aid Society or other legal advocate group. For the names of other lawyers, check your Yellow Pages under "Lawyers".

**ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS:** To help you get ready for the hearing, you have a right to look at your case file. If you call or write to us, we will provide you with free copies of the documents from your file that we will give to the hearing officer at the fair hearing. Also, if you call, write or fax to us, we will provide you with free copies of other documents from your file that you think you may need to prepare for your fair hearing. To ask for documents or to find out how to look at your file, call us at the Record Access phone number on the front of this notice or write to us at the address on the front of this notice.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

**INFORMATION:** If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the phone numbers on the front of this notice or write to us at the address on the front of this notice.

6. PRAYER FOR RELIEF

WHEREFORE, plaintiff(s) request(s) that this Court grant the following relief:

\$100,000,000.00 for punitive damages; 100%  
Ownership of Residence Inn; All other  
reliefs Just & Proper.

I declare under penalty of perjury that the foregoing is true and correct.

DATED:

05/01/2022

Robert W. Johnson  
Robert W. Johnson  
Signature of Plaintiff(s)  
(all Plaintiffs must sign)

02/2010